

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	70591	10/31
O.I.P.E. CLASSIFIER		10	11-16-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>W</i>	64836	12-9

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/6/00
2	✓	✓	12/6/00
3	✓	✓	12/6/00
4	✓	✓	12/6/00
5	✓	✓	12/6/00
6	✓	✓	12/6/00
7	✓	✓	12/6/00
8	✓	✓	12/6/00
9	✓	✓	12/6/00
10	✓	✓	12/6/00
11	✓	✓	12/6/00
12	✓	✓	12/6/00
13	✓	✓	12/6/00
14	✓	✓	12/6/00
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18	✓	✓	12/6/00
19	✓	✓	12/6/00
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29	✓	✓	12/6/00
30	✓	✓	12/6/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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